



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3001 Mail Service Center • Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-508-0951

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Steven Jordan, Director

August 16, 2011

MEMORANDUM

TO: All Interested Parties
FROM: Steven Jordan *SS*
SUBJECT: Summary Version of Implementation Update #89

Please send any input or suggestions for the Summary version to us at ContactDMH@dhhs.nc.gov. Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servdefupdates/index.htm>; refer to the detailed version as the authority.

Medicaid Waiver Strategic Plan

- The Department of Health and Human Services (DHHS) will be seeking stakeholder input to develop a draft Medicaid waiver strategic plan.
- This plan will delineate specific strategies and agency responsibilities for the successful achievement of statewide implementation of the 1915 b/c waiver as identified in House Bill 916.
- Department of Health and Human Services is grateful for the interest and participation in this process by families, service recipients, advocates, and providers.
- An initial draft of the waiver strategic plan document will be posted for public comment on both the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and Division of Medical Assistance waiver web pages by the first part of August. Both Divisions will also reach out to specific State stakeholder advisory groups for input into this strategic plan document.
- The Draft Plan is found at: <http://www.ncdhhs.gov/mhddsas/waiver/draftwaiver.htm>.
- Given the timelines with which we have to work to present the completed plan to the General Assembly by October 1, we request your feedback to the plan by Monday, August 15.
- Also, as you read over the Draft, you'll note placeholders for information not yet included there.
- We hope you'll recognize that this indicates that we do not bring a final version for you to approve or disapprove, but rather that we bring it to you in its formative stages and seek your best thoughts in crafting a worthy report.
- Your feedback may be registered by sending it to: CommentsDraftWaiverStrategic@dhhs.nc.gov



Mental Health, Developmental Disabilities and Substance Abuse Integrated Care Toolkit

- This toolkit was created to assist Mental Health, Developmental Disabilities and Substance Abuse providers in collaborating with Community Care of North Carolina (CCNC) and primary care providers. (For the purpose of the documents in the toolkit, PCP refers to primary care provider and provider refers to Mental Health, Developmental Disabilities and Substance Abuse providers.) Please refer to the toolkit documents on the Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/services/behavhealth.htm>.

- 1) **Mental Health, Developmental Disabilities and Substance Abuse Integrated Care Flowchart** – this document details for Mental Health/Developmental Disabilities and Substance Abuse providers how to determine if a Medicaid recipient entering services has a Community Care of North Carolina medical home or other primary care provider and how to gather physical health information (through the Provider Portal/Informatics Center and from the primary care provider) to incorporate into the recipient’s assessment and Person-Centered Plan of Care. It also offers guidance on when to contact the primary care providers.
- 2) **Four Quadrant Care Management Model Responsibilities** – using the Four Quadrant Model framework, this document defines the expectations for collaboration between Mental Health/Developmental Disabilities and Substance Abuse providers and primary care providers in conjunction with Local Management Entities/Managed Care Organizations and Community Care of North Carolina networks.
- 3) **Sample questions** – this document offers sample questions for Mental Health/Developmental Disabilities and Substance Abuse providers to ask recipients to determine their level of involvement with primary care and potential physical health needs.
- 4) **Benefits of CCNC** – this document, from the Department of Social Service (DSS) manual, explains the benefits of a Community Care of North Carolina medical home. This form, along with a Spanish version can be found on the Division of Medical Assistance website <http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=dma>. The forms are DMA-9016 and DMA-9016sp. Only Division of Social Services can enroll Medicaid recipients into Community Care of North Carolina medical homes.
- 5) **Information from the Provider Portal/Informatics Center** – this document is an example of information that can be accessed (via Community Care of North Carolina or the Local Management Entities) from the Provider Portal/Informatics Center – this includes a Patient Care Team Summary, Visit History, Medication Regimen, and any applicable care alerts.

Critical Access Behavioral Health Agency Monitoring

- The temporary Critical Access Behavioral Health Agency Rules require that the Critical Access Behavioral Health Agencies certified prior to January 1, 2011 be allowed a period of six (6) months of operation as a Critical Access Behavioral Health Agency to come into compliance with the Medical Service and Certification and Staffing Requirements of the rules.
- Given the date of January 1, 2011 as the official start date for CABHA-only services going into effect, DHHS will begin CABHA monitoring during the last week of August, 2011.
- A sample of approximately 75 CABHAs statewide will be monitored by teams led by the DMH/DD/SAS Accountability Team and include staff from DMA and the LMEs.
- The sample is about 95% random, supplemented by provider agencies referred to the DHHS due to significant issues of concern.



- The overall monitoring process will include the following four (4) components:
 1. Data review completed at the Department of Health and Human Services level
 2. Onsite review by Local Management Entity staff
 3. Onsite review by Department of Health and Human Services staff
 4. Off site telephone contact by Local Management Entity staff to individuals receiving services from the Critical Access Behavioral Health Agencies

Mandatory Electronic Submission of Authorization Requests

- Effective October 1, 2011, the Appropriations Act of 2011 (House Bill 200) mandates that providers submit authorization requests electronically via the vendor's website.

Please see the full Implementation Update 89 for more detailed information.

Quality of Care Update

- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services and Division of Medical Assistance have updated the Quality of Care process to assist in promoting quality of care provided to consumers.
- Quality of care refers to the health and safety of the consumer as well as to the clinically appropriate service(s) at the clinically indicated frequency and duration.
- Division of Mental Health, Developmental Disabilities and Substance Abuse Services and Division of Medical Assistance collaborated, with input from various stakeholders, to create a plan incorporating guidelines for two complementary processes: quality of care oversight and independent assessments.
- As part of this process, recipients who have been in a service for an extensive length of time may be referred for an Independent Assessment in order to ensure appropriate service delivery continues and all identified needs are met.
- The utilization review vendors (ValueOptions, Eastpointe, The Durham Center, Crossroads and Pathways) identify concerns for follow up by the LME and the Division of Medical Assistance / Division of Mental Health, Developmental Disabilities and Substance Abuse Services Quality of Care Committee.
- The Quality of Care Guidelines and related documents can be found on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services website at:
<http://www.ncdhhs.gov/mhddsas/statspublications/presentations.htm> and the DMA website at:
<http://www.ncdhhs.gov/dma/services/behavhealth.htm>.

Incident Response Improvement System Updates for FY2012

- Incident Response Improvement System (IRIS), the web-based incident reporting system, was updated in July in preparation for the fiscal year 2011-2012.

Implementation of Independent Assessments for Community Support Team

- The final revised policy for Community Support Team (CST) will be posted in early August 2011. Although the policy had stated that there was a six-month per year hard limit for Community Support Team, the revision allows for exceptions to this limit when medical necessity is shown.
- The revisions states:

Any request for an exception to this six month limit must be accompanied by a comprehensive clinical assessment completed by an independent licensed professional and an updated person centered plan (PCP) with new service order signed by a medical doctor (MD), licensed psychologist, nurse practitioner (NP) or physician assistant(PA). The clinical assessment must meet the requirements as specified in Implementation Update #36 and clearly document medical necessity as defined in the continued stay criteria in this policy. The independent licensed mental health professional must meet the criteria included in 10A NCAC 27G .0104 and must not be employed by the agency providing the Community Support Team service or have any financial or other interest in the agency providing the Community Support Team service.

- Beginning on and after October 1, 2011, all requests for concurrent authorizations that extend the authorization beyond a six month period for that consumer per that year, must be accompanied by an independent assessment indicating that Community Support Team continues to be medically necessary as well as an updated Person Centered Plan as noted above and in the policy.



- The independent assessment must have been completed within 60 days of the new authorization request. The six months per calendar year are cumulative and include any time during that calendar year when the consumer received Community Support Team services.
- If there has been a gap in services, and an initial authorization is requested that would lead to an individual receiving six or more months of Community Support Team that year, those initial requests must be accompanied by an independent assessment and Person Centered Plan as noted above.
- Requests that do not include this documentation will be sent back as incomplete.

Proposed Changes to Medicaid Clinical Coverage Policy 8C

- Outpatient Behavioral Health Services Provided by Direct-Enrolled Provider, have been posted for 45 days of public comment. The policy with proposed changes can be found on the Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/mpproposed/index.htm>.

Clarification of National Correct Coding Initiative and Enrollment Guidelines for Outpatient Behavioral Health Providers in Integrated Care Practices

- As a reminder, per 8C policy (<http://www.ncdhhs.gov/dma/mp/8C.pdf>) all licensed professionals listed (i.e. Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Licensed Psychological Associate, PhDPsychologist) must be enrolled with Medicaid.
- All components of this policy (*8C Outpatient Behavioral Health Services Provided by Direct Enrolled Providers*) must be followed by any licensed Outpatient Behavioral Health Provider listed in the policy, regardless of practice setting.
- As a reminder, please contact Division of Medical Assistance directly at (919) 855-4290 with any questions regarding North Carolina enrollment or billing questions in order to ensure accurate receipt of information.

Please see the full Implementation Update 89 for more detailed information.

Outpatient Behavioral Health Providers Billing "Incident to" a Physician

- The revisions to Clinical Policy 8C, when implemented, will explicitly prohibit “incident to” for licensed professionals billing services under a physician’s number.
- While the current policy has not disallowed this billing “Incident to” the physician, it does **not** allow a licensed professional listed in Clinical Policy 8C to bill incident to any other licensed professional. The licensed professionals listed in Clinical Policy 8C must be the only ones providing services through their own Medicaid Provider Number (MPN) and National Provider Identifier.
- **Allowing anyone else to use your Medicaid Provider Number/ National Provider Identifier is considered fraud and individuals doing so may run the risk of losing his or her license in addition to losing the ability to provide Medicaid services.**
- As a reminder, please contact Medicaid directly at (919) 855-4290 with any questions regarding North Carolina enrollment or billing questions in order to ensure accurate receipt of information.

Perception of Care Surveys

- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services administers the Perception of Care (POC) survey annually to individuals with mental health and substance use problems who receive a publicly-funded service (including an admission) from a provider during a designated two-week period. Division of Mental Health, Developmental Disabilities and Substance Abuse Services uses three types of surveys:
 - (1) The adult survey completed by those 18 and older.
 - (2) The Youth Services Survey (YSS) completed by youth aged 12 through 17.
 - (3) The Youth Services Survey - Family (YSS-F) completed by the parents or guardians of those 11 and under.
- The surveys are designed to collect information on five indicators related to services and outcomes (functioning, social connectedness, positive outcomes, accessibility of services, quality of services, and satisfaction with services).
- The surveys are required by the Community Mental Health Services Block Grant that use the Perception Of Care indicators as part of the National Outcomes Measures that compare states with each other.



- Local Management Entities will be distributing the surveys to providers to be completed in August.

Community Alternatives Program-Mental Retardation/Developmental Disability and Money Follows the Person Slots

- We have received questions regarding the budget and its impact on Community Alternatives Program-Mental Retardation/Developmental Disability slots as well as potential expansion of Money Follow the Person (MFP) slots. Information regarding Community Alternatives Program-Mental Retardation/Developmental Disability and Money Follows the Person slots will be forthcoming.

Please see the full Implementation Update 89 to read the excerpt from PRESS RELEASE: WINSTON-SALEM COUPLE SENTENCED.

Unless noted otherwise, please email any questions related to this Implementation Update Summary to ContactDMH@dhhs.nc.gov.

